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ILLUSTRATIONS OF TYPHUS FEVER.

THE RESULT OF OBSERVATIONS MADE AT THE LONDON FEVER HOSPITAL IN THE
SUMMER OF 1853.

BY J. B. UPHAM, M.D., BOSTON.

[Communicated for the Boston Med. and Surg. Journal.—Continued from Vol. LVIII., p. 474.]

SOME of the circumstances which influence the prevalence and severity of the fever have already been discussed. In different epidemics, the gravity of the disease, the complications which arise during its progress, and its sequelæ, vary. This has led to the belief, on the part of many most eminent authorities, that the form and type of the fever are modified. Sydenham says the type of fever is frequently changing, and that there is, for its treatment, no knowledge more desirable than an acquaintance with the epidemic constitution for the time being. The physicians of the London Fever Hospital say, in their report for 1851, that they have been attached to that institution sufficiently long to have witnessed several remarkable changes in the type of the fever; that anterior to the year 1830 (the first invasion of the Asiatic cholera having taken place in 1831), the cases in the hospital were, as a rule, of an inflammatory character, making bloodletting and the avoidance of stimulants absolutely indispensable. On the contrary, Dr. Jenner emphatically dissents from any such doctrine, and holds that the error arises from the existence, in certain epidemics, of other diseases (forming a preponderance of the cases) similar, in many of their symptoms, to typhus, but essentially different in nature. "I have no hesitation," he says, "from my own researches into the history of past epidemics of fever, in averring my confident belief that an explanation of the great difference observed by different historians in the progress, mortality, and lesion of fever—the difference of opinion entertained as to its communicability by observers of unquestionable honesty of purpose and soundness of judgment—the difference of opinion expressed as to the admissibility of particular modes of treatment—that an explanation, I say, of these differences is not to be sought in variations in a hypothetical epidemic constitution, but in the differences which exist in the essen-

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tial nature of the four diseases commonly confounded under the term 'continued fever.'**

The general character of the disease, wherever it has fallen under my observation in Great Britain, has certainly been that of adynamia—a tendency to exhaustion of the vital forces. And when the system has been previously subjected to disease or a long continuance of debilitating causes of whatever nature, if attacked by typhus, the added depression is correspondingly grave. The conservative influence of a good physical condition is strikingly illustrated in hospital experience. It is observed that the mortality among the domestic servants received into the wards from private families, is but little more than one half that of the usual classes of patients. The importance, too, of care and attention at an early stage of the disease, in mitigating the severity of its course, was abundantly demonstrated in my hospital observations.

So far as my experience and observation extend,† *no age is exempt* from the disease. I have frequently seen it in very young children and in persons of extreme old age. But prior to the period of puberty the attacks are certainly milder and more manageable.

The *influence of sex* seems unimportant. A classification of all the patients admitted into the London Fever Hospital with "continued fever" for several years, shows a considerable preponderance of males; but this is accounted for, in the Report of that Institution, on the ground that the patients are largely derived from the poor population of the country, who, in times of epidemic and general distress, resort to the metropolis in search of employment.‡

The *season* also would appear to exert no important bearing on the prevalence of typhus. An analysis of the hospital admissions, for a period of eight consecutive years, shows a remarkable deviation from anything like uniformity in the comparative number of patients for the corresponding months. Sometimes the cold, sometimes the warm are the favorite seasons; in one year the Spring, in another the Autumn, now January and now July.

The *duration* of typhus fever may be stated to be from fourteen to twenty-one days.§ More often, according to my own observa-

* This touches on the question of the identity or non-identity of the affections commonly included under the term "continued fever" in Great Britain. So far as relates to typhus and typhoid, I have already distinctly stated my own belief (as the result of my observations in the epidemic in 1847-48 at Boston, and also in the winter and spring of 1852 in New York), that they are widely and essentially different in their nature—"differing (typhus) in all its essential points from the dothenenteric, which is endemic here, by as much as variola differs from scarlatina."—*Vide Boston Med. and Surg. Journal*, January and February, 1848, and *N. Y. Journal of Medicine*, 1852.

† Says Jenner, in no disease is the effect of previous habits of intemperance more clearly seen in causing *muscular tremors* than in typhus fever—a symptom of grave import so far as concerns the prognosis.

‡ For the years 1845-46-47 and 48, during the most of which time the fever was epidemic in some parts of Great Britain, the comparison is as follows:

In 1845, Males, 312; Females, 165. In 1846, Males, 273; Females, 233. In 1847, Males, 677; Females, 532. In 1848, Males, 667; Females, 594.

§ Dr. Jenner believes, as the result of his observations, that the disease *per se* never exceeds

tions, the fever will terminate in death or recovery at from the twelfth to the eighteenth day.* There are many exceptions to this law. Dr. Corrigan has detailed the case of a man, who, though somewhat ailing, was sufficiently well to dine out on Wednesday, but died of typhus on the following Friday. I have seen the disease prove fatal as early as the fourth or fifth day. And I have often witnessed the approach of convalescence as early as the tenth or twelfth day, counting from the time of the sudden accession of rigors, headache, pains and depression, to the disappearance of the rash and subsidence of all the symptoms; such cases were invariably mild.

The *ratio of mortality* in typhus is a difficult matter accurately to determine, so much do the statistics, chronicled under this head, depend on conditions and circumstances. I have already said the accession and course of the disease are often severe in proportion to the previous exhaustion and debility of the patient, or his long-continued subjection to the usual predisposing causes of fever. Under such circumstances, the mortality is also proportionally great.† Moreover, a large proportion of the fatal cases which appear on hospital records, are those of patients brought in, in the last stages of the fever, and who die within a few days after their admission. An analysis of the Reports of the London Fever Hospital, from 1849 to 1853 inclusive, gives the following results, to wit:—in 1849 the rate of mortality was 7.75 per cent.; in 1850, 22.41; in 1851, 22.40; in 1852, 10.16; in 1853, 11.82‡—clearly showing that no reliable deductions can be made from the results of those years.§ My own observations agree with the recorded experience of others, that the mortality of typhus is largely increased after the middle period of life, while before the age of puberty it is but trifling. Pregnancy is found to exert no necessarily fatal influence.

twenty-one days in duration; that uncomplicated typhus may terminate the life of the patient at any period before the twenty-first day; that, after the twenty-first day, local lesions sufficient to account for death, are, as a rule, discernible.

* I find, by reference to my notes taken at South Boston and Deer Island Hospitals, that, in the majority of fatal cases, death occurred between the eleventh and seventeenth days.

† In proof of this, Drs. Tweedie and Smith say, in their Report for 1852:—"During the last year 70 domestic servants from private families were admitted to the wards, of whom only 4 have died, being a mortality of 5.71 per cent. On the other hand, 89 destitute persons have been received, of whom 11 have died, being a mortality of 12.13 per cent.—a significant indication of the power of robust health in resisting an attack of fever." It should be stated, however, that these include also cases of typhoid and scarlet fevers.

‡ The largely-increased mortality in the years 1850 and 1851 is accounted for by the fact that an unusual number were admitted in the last stages of the disease.

§ It must be stated, in this connection, that prior to 1849, no distinction was made in these reports between typhus, typhoid and relapsing fevers, they being all classed under the head "continued fever." The change effected in this respect, on the Records of the London Fever Hospital, must be regarded as, in a great measure, due to the able and convincing investigations made in that establishment by Dr. Jenner, and published about this time in the medical journals of Edinburgh and London.

GALVANISM FOR COUNTERACTING PAIN IN THE EXTRACTION OF TEETH.

[Read before the Suffolk District Medical Society, and communicated for the Boston Med. and Surg. Journal.]

BY A. C. GARRATT, M.D.

I WISH to lay before this Society some practical results of my experience in the use of galvanism, particularly for allaying pain in the extraction of teeth. During the past few weeks, several of the dentists of this city have brought persons to my office for me to apply electricity from some of my batteries, while they extracted the teeth, and in some instances have also requested me to attend, at a given hour, at their respective offices for the same purpose. The whole number of patients that I have applied it to for this purpose is about twenty-six; the number of teeth operated upon, sixty-four. The first was a most interesting case—Mrs. W., the wife of one of our distinguished lawyers, a noble-appearing, but nervous lady, attended by her mother, and brought to my office by Dr. Dillingham. This lady had fourteen teeth more or less decayed, and much denuded of their gum by the long ravages of tartar or morbid secretions in the buccal cavity; each tooth exquisitely sensitive, even to the touch of an instrument, and all of which she greatly desired to have removed at once, for given reasons. The first tooth attempted was extracted with gentleness and care, and the electrical current was very feeble. The electricity was felt, and she evidently suffered pain, although she expressed a sensible relief, judging from her past experience in having her teeth extracted. I increased the current very considerably, and the next tooth came out with astonishing success; no sort of pain was experienced. She rather supposed the instrument had slipped off, and the tooth was yet in the jaw. This must have been the first successful operation in Boston. The remaining twelve were extracted with the same favorable result, invariably. The fangs of these teeth had that bloody appearance which indicates long inflammation of their periosteum and old ulcerations. I observed that as each tooth was about to be taken hold of, she was very particular to ascertain if the current of the battery was in actual contact and readiness. No prostration, nor even fatigue, followed the extraction of all these teeth, for they came out entire. So delighted was she with this process, that she offered to pay twice the fee asked, and her husband called a few days after to express his thanks for the great relief afforded to his wife. When catechised closely, to ascertain from her the precise sensation or suffering of the operation, she said she "*felt no sort of pain*, but quite a disagreeable sensation at the instant of grasping the tooth, yet no worse than it would have been to touch each tooth with the instrument in the ordinary way." She had taken ether on former occasions, but preferred this very decidedly.

One young man, belonging to the Navy, said he was very sensi-

tive and nervous, and wanted a tooth extracted without either pain or going to sleep. But he said, "*it did hurt him very badly*"; he also vividly described feeling the tremulous sensation of the galvanic current. He never had had a permanent tooth extracted before.

Another unsuccessful case was a very intelligent young gentleman, of noble frame and fine form, but of delicate health, apparently of German extraction. He wished to have two teeth extracted in this way, because his teeth were so firmly set that they usually broke in extracting, and he was professionally advised not to inhale ether. His first tooth was taken hold of, and the current applied, but it fractured after a very severe and protracted tug at it by the dentist, leaving the roots solid in the jaw. He appeared to suffer, as he said he did, most intensely. The electricity gave no kind of relief, except from "the moment of the disagreeable application of the instrument" until the moment of fracture, which, however, was some seconds of time, and there was no pain, as he said, but at that instant of course the current was cut off, and the pain was awake again in all its fury, as it is wont to be on the occasion of such accidents. He went away much distressed.

Another very interesting case was a young lady who had come with her father some forty miles to get her teeth extracted by this process, as they had heard it was practised in Boston. The first tooth, an upper molar, was taken out with perfect success; but after washing the mouth with water, and no little talk, the next was operated upon, as we supposed all right, when to our surprise she screamed and almost fainted, from the pain of this second molar tooth. At once it was discovered by her father that there had been no contact of the galvanic current. The pad had fallen, unobserved by us, from the back of her neck outside of her dress into the operating chair, before the operation commenced. As soon as she was sufficiently recovered, she submitted again to the trial, and three more teeth were taken out without any sort of pain or disagreeable electrical sensation. She said it seemed "more like taking wooden pegs out of her jaws than like pulling teeth." This appeared to all present a fair test case. She said she should never forget the different sensations between having teeth extracted with and without the galvanism.

Two other cases were not very successful, from causes I need not here mention. But in the great majority of all these cases, there was expressed a great relief from anything like pain and a general satisfaction with the result. I should judge that about one-third of all who have been operated upon in this way persist in saying that "*there was no sort of pain whatever*," while others, perhaps as many more, affirm that there was no actual pain, but they felt a sensation, by no means agreeable, at the instant of applying the forceps. Others experienced also "a moderate degree of pain," but they say "by no means very bad, and quite beara-

ble." More than twenty of these persons, when asked for a candid expression of their experience, said that this gave very decided relief in extracting teeth, and that they preferred to trust it again if ever needed. All of these persons had had teeth extracted before, and some of them had inhaled chloroform or ether on former occasions.

The box of teeth I place here on the table for examination, contains some 30 or 40 of those *actually extracted without pain by the aid of galvanism*. It is evident that such teeth ordinarily give great pain in extracting. The rationale I am not prepared to give. No known current or shock of electricity, or galvanism, however modified or applied, has been known to be instantaneously paralyzing, or benumbing to pain under ordinary circumstances, without being also disorganizing more or less, and hence dangerous. We make use of no such current or shock. But a to-and-fro current from a Smee's Battery, with the strongest pole attached to the forceps; and contact made exactly at the instant that the instrument fastens upon the tooth, does succeed in taking away three-fourths of the awful pain experienced in having teeth extracted. To have uniformity of success, the electrical current must be gentle, and adjusted, as to intensity, for each case according to the experience of the operator; and this current must be insulated from the hand that holds the instrument, as well as from the lips and gums of the patient, so as to spend its exact quantity of force on the tooth only. It is certainly a nice operation to succeed, but I believe, when carefully and accurately performed, it will more generally succeed than in these cases I now report. If any one item in the process is not observed, the whole is a failure.

EXTENSIVE SLOUGHING OF THE ABDOMINAL PARIETES, WITH EXPOSURE OF THE INTESTINES.

[Communicated for the Boston Medical and Surgical Journal.]

E. M., forty-three years of age; married, and the mother of five children. The first was born when she was at the age of 23, and the youngest at the age of 34 years. Of medium height, but of strong and athletic form; catamenia, except during gestation and lactation, always regular.

Her first four children were born by head presentations; her labors were easy and of short duration. The fifth and last child was a footling presentation, and of very large size. The labor, however, was not long, having commenced in the morning and terminated about 12, M. The child being born, the placenta was retained; this, the physician in attendance was compelled to deliver, and in the act employed considerable force in order to detach it from its connection with the uterus, causing severe pain, which was referred especially to a point beneath and below the left hypochond-

drium. During the succeeding two weeks, she continued to experience much pain in this region. She now discovered "a purple spot, of the size of a walnut," in or near the median line, and about three inches below the umbilicus. At this stage she became delirious, and so continued for a number of days (the precise time not remembered). The spot referred to gradually increased in size, till its area equalled that of an ordinary hat-crown. The skin, together with the several layers of muscles composing this portion of the walls of the abdomen, sloughed away, leaving the intestines beneath completely exposed.

When consciousness returned, the abdomen presented the same appearance as at the time of examination, which was 5 years subsequent, except that the abdominal fenestra thus formed had contracted to a considerable degree its dimensions. Its form corresponds to that of an irregular ellipse, the transverse diameter being about 4 inches, and at right angles to the median line, while its conjugate is about 3 inches. Convolutions of intestine close the opening thus described, and appear to have contracted adhesions both to each other and to the parietal peritoneum at the margin of the perforation, throughout its entire circumference, in such manner as to furnish a closed sac for the other abdominal viscera, yet not seriously interfering with the peristaltic action which can be clearly observed. This action at times causes a large mass of intestines with their contents to protrude to the extent of from 15 to 20 cubic inches, unless firm mechanical contrivances be adopted to prevent. The intestinal peritoneum, in consequence of exposure, and friction of compresses, has entirely lost its true serous appearances and texture; it is quite moist, and resembling that condition seen in granular conjunctivitis. Near the right extremity of the axis was seen a deep depression, which, upon farther exploration, was found to extend between the folds of the intestines and mesentery, and to terminate at a point near the spinal column.

Immediately upon the detachment of this extensive slough, the intestines were discovered to be perforated at three different points, one near either extremity of the transverse axis, and the third near the centre of the hernial mass. These still remain open, hitherto resisting the efforts of nature to close them, the interposition of art never having been invoked.

Their size was not definitely determined, they not being evident upon the surface presenting, but in the sulci between convolutions of the intestines, and only relatively ascertained from the varying amount of *fæces* finding exit therefrom. Through these fistulae more than twice the quantity of *fæces* escapes as per anum; evacuation takes place naturally by the latter once in two or three days. Cathartics taken into the stomach produce kindly their well-established effects, stimulating peristaltic action, and occasioning discharges through these orifices as well as per anum, but in the proportions before stated. She attempts a degree of cleanliness, but

with very imperfect success, by wearing a compress of cotton cloth over the perforation, and over it a swathe carried around the body. Still her presence, in consequence of the disagreeable faecal odor emitted, is quite offensive to those near her, and scarcely less so to herself.

This grave infirmity disqualifies her from engaging in many occupations in which others more fortunate easily obtain their livelihood. This for the most part she gains by washing and other kindred laborious service. With this deplorable exception, she is perfectly healthy, every organ performing well its appropriate function. Being without a home, and destitute of the means to secure one, no relief was attempted. This was, however, suggested, and would have been undertaken had she been more favorably situated.

In justice to myself it ought to be stated that these notes were committed to writing some months subsequent to the time of examination, which at best was made hastily, late in the afternoon, and in a room very imperfectly lighted; I then expected to make another more carefully and completely in a few days, but this privilege I have never been permitted to enjoy. Some important features in the case have in consequence been omitted, and others perhaps in some slight degree misstated. I have used every means, by correspondence, to ascertain her present residence, but without success, that I might now, after the lapse of five years, complete that which I had before neglected, or at least have the opportunity of verifying the above statements.

Boston, July, 1858.

WILLIAM DICKINSON.

REMOVAL OF THE FLUID OF ANASARCA AND ASCITES BY PUNCTURES IN THE LOWER EXTREMITIES.

BY EDWARD JENNER COXE, M.D., VISITING PHYSICIAN, CHARITY HOSPITAL, NEW ORLEANS.

[Communicated for the Boston Medical and Surgical Journal.]

IN the number of this JOURNAL for April 8th, of the present year, I gave the particulars of a case, which, though perfectly satisfactory as to the advantage and propriety of this operation, necessarily ended fatally a few days after the report was forwarded. The following case, still more interesting, occurred in a man under treatment, in Ward 32 of the Charity Hospital, for consumption; a well-marked case, presenting all of the physical signs, and too well known general symptoms of the disease in its apparently most hopeless form. After this patient had been under treatment for upward of two months, without having evinced the least appearance of a dropsical tendency, he began to complain of swelling of his feet, which, upon examination, were found very sensibly to pit, on pressure being made. This swelling gradually and

steadily continued to increase, until, finally, the feet, legs, thighs and abdomen became quite large, the abdomen the least so, and not to the extent noticed in the first case. The patient being unable to put on his shoes or stockings, or button his pantaloons, which previously had been much too large, I suggested the advantage possibly to be gained, in order to procure some comfort, by making a few punctures in the feet and legs, to which he at once assented. With a thumb lancet, I made about a dozen punctures in each foot and leg at that time. At my visit the next morning, I found that the water had continued to discharge, drop by drop, all the time, and was then trickling down the limbs, from several of the punctures. In order to accomplish my object more effectually, I decided upon having the punctures made before bedtime, so that he might keep his feet in a lukewarm bath, for fifteen or more minutes, during which time the feet and legs might be gently rubbed, to facilitate the escape of the fluid. Nightly, for some days, were the punctures, bath and friction regularly resorted to, and with such success, that in the course of about three weeks from the first punctures, there was not a drop of fluid to be discovered in the abdomen, thighs or legs, and but a small quantity in the front of the feet, from which, from the position of the punctures, the fluid could not escape. Even this, however, was eventually removed. It is worthy of remark, that although quite a number of punctures in the aggregate was made, at no time was there the least sign of irritation or inflammation perceived. It is now more than four weeks since the dropsical effusion has been removed. There has not been the slightest sign of its re-appearance, the patient eats and digests well the best diet the house can give, he sleeps serenely all night, walks about all day, continues his tonics regularly, and, as he says, he is only waiting for a little more strength, to allow him once more to resume his usual business. It is proper to state that for several weeks he has neither coughed nor expectorated a particle. If this is not a perfect cure of a confirmed case of consumption, I should like to know what it would be called. At a future day I hope to report a summary of the treatment, and particulars of the symptoms. To my mind it does appear more than possible, that in cases of anasarca, and ascites, whether depending upon consumption, or other diseases, this plan of proceeding might be more frequently acted upon, in some cases as a curative agent, and in others, where we have neither right nor reason to expect a cure, not even from the acknowledged all-powerful aid of nature, as a simple palliative to soothe the many or few remaining days.

New Orleans, July, 1858.

CHANCRE ON THE FINGER OF A DENTIST, SUPPOSED TO BE COMMUNICATED FROM THE MOUTH OF A PATIENT.

[Communicated for the Boston Medical and Surgical Journal.]

ABOUT the 20th of August, 1857, I noticed just above the nail, on the middle finger of the left hand, an oblong, red spot, about the size of a three cent piece. To protect it, I covered it with court plaster. In about a week a vesicle formed, which soon broke, discharged slightly, and was followed by an ulcer about the size of the original red spot. About September 3d, I consulted Dr. A. It was then an indolent ulcer, giving no pain, and he thought it was perhaps derived from a foul tooth in operating. *Treatment*, application of nitrate of silver, and compression.

Sept. 8th, ulcer rather worse. There was swelling of a gland in the upper part of the arm, but below the axilla. Consulted Dr. B. The ulcer was then too much irritated to enable him to decide as to its character. *Treatment*, poulticing.

Sept. 12th, another gland just above the elbow became inflamed. The skin over both glands was red and hot, motion of the elbow impeded, ulcer a little extended on one side, and down to the nail. Continue poultices, and take Blancard's pills (iodide of iron) three times a day.

Sept. 26th, Dr. B. being out of town, I consulted Dr. C., who called on Dr. D. to look at it. Dr. D. said it looked like a chancre. Both agreed in a fear that it was malignant. They advised black wash, and doubling the dose of the iodide. Being troubled by this, I consulted Dr. E., who said it was not malignant, but probably like a dissecting-room sore. He advised black wash, and attention to general health.

Sept. 30th, I visited Dr. B. again. He was much dissatisfied with the appearance of the sore, and cauterized it with the acid nitrate of mercury. The application produced extreme pain for about two hours, and at intervals for some hours longer. A dry eschar was produced, from beneath which escaped, on the third or fourth day, a drop of pus. This was the first genuine pus which the sore had produced.

Oct. 14th, eschar separating at the edge. Dr. B. advised a journey and exercise in the open air, as the general health was now much affected.

Oct. 21st, finger somewhat irritable. Eschar loosening. Visited Dr. F., who said that the finger was poisoned, probably by syphilis, as a papular eruption was just appearing. He recommended corrosive sublimate in doses of one-sixteenth of a grain, three times a day, combined with tonics, and good, but plain diet. He sent me to Dr. G., who coincided with him. 23d, eruption fully developed. *Diagnosis*. Indurated chancre on the finger, papular eruption, of fully marked syphilitic character. It is useless to pur-

sue the case farther, except to say that the progress has fully verified the diagnosis.

My object in giving this account, and in this form, is to call the attention of dentists (and their physicians) to the fact that in the practice of their art they may meet with a similar misfortune, and that its character may not easily be perceived by the most skillful surgeons. In New York, I was assured by Dr. F. (who is a professor, and a very distinguished surgeon), that chancres in the mouth are by no means rare, and perhaps a search would prove them about as plenty in Boston. Should the finger come in contact with such a sore, a hang-nail would give abundant entrance to the poison.

It is almost twenty years since I have practised medicine, and to medical men I do not feel competent to make further comments on the case.

AN ACEPHALOUS FÆTUS.

[Communicated for the Boston Medical and Surgical Journal.]

EARLY on the morning of the 24th inst., I was summoned to visit a young woman, about 18 years of age, residing in an adjoining town, some five miles distant.

On my arrival, I was informed that she was suffering from "cramp in the stomach," to which she had been subject for several years; that about six months previously she had a severe course of typhoid fever, and that since that time she had not menstruated. I was also informed that she had been married nearly three months.

Immediately after entering her room I discovered that she was in labor. On making an examination, I found within the uterine orifice a fetus, apparently of about four months, which was expelled in the course of half an hour, and which appeared to be in a perfectly natural and healthy condition, except that it was *acephalous*.

On making a further examination, I discovered the *head of another* fetus, of about *six months*, presenting, which was also expelled in the course of an hour, and which was found to be attached to a separate placenta, and lived several hours after birth.

Milford, Ct., July 27th, 1858.

L. N. BEARDSLEY.

IMPACTED RECTUM FROM EATING PINE CHIPS.

[Communicated for the Boston Medical and Surgical Journal.]

THE case of impacted rectum reported in the JOURNAL for July 22, reminds me of a somewhat similar case which occurred in my practice some ten months ago.

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A boy, eight years of age, had been complaining for several days of what his parents considered to be dysentery. There were frequent discharges of a watery fluid, tinged with red, of a most offensive smell, and attended with great suffering. Not obtaining relief from such remedies as were at hand, and the mother noticing that some unusual substance occasionally passed, I was sent for in the night. I found a solid mass impacted in the rectum, as high up as the tip of the finger could reach. The patient was making strong efforts to relieve himself, which only increased the distension, and to such a degree that the sphincter remained open, enabling me, by the aid of a candle, to see the obstruction. The parts were so much irritated that the slightest touch produced excruciating suffering. By gentle manipulation, however, portions of the substance were slowly picked away, there being, at the same time, a slight movement downward through the involuntary efforts of the patient, as the bulk diminished. I removed, I think, a teacupful of what proved to be pitch pine chips, angular, and with sharp edges, of the size of a pea, made by a large circular saw at a neighboring mill. Having removed all that could be reached, an injection was given, followed by a dose of oil, after which I left the patient, as the urgent symptoms had subsided. When the laxatives operated, large quantities of the same substance passed away, in several successive movements of the bowels. The father estimated the amount to be a quart, but this must of course be an exaggeration. After the character of the mass was ascertained, it was recollected that the child had had, for a long time, a craving for this particular article of diet, and had eaten large quantities of it. No evils results followed, and he was well in a few days.

Hadley, Ms., July, 1858.

F. BONNEY.

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY F. E. OLIVER, M.D., SECRETARY.

JULY 26th.—*Abdominal Tumors.* Case reported by Dr. G. H. GAY.

Mrs. R., æt. 46, had generally enjoyed good health till three years ago, when she felt at times a lump in the left ovarian region, more or less movable, and attended with a dull aching sensation rather than a sharp pain. It seemed to be limited to that spot, and the uneasiness was such that she could not lie on that side. She was about six months pregnant when she first discovered it. As pregnancy advanced, the lump was pressed between the left ilium and lower rib, and became less and less movable, upward and downward only and over a small extent of surface. This motion, such as it was, was very decided. The "lump" could not be moved toward the umbilicus. At the time of confinement, she was much larger than ever before. Almost immediately after the confinement, the "lump" or tumor moved toward the median line, and for twenty-four hours was very painful. The pain then gradually ceased. The abdomen never fell down to the

size it was previous to pregnancy. When she began to go about the house, she was much larger in lower abdomen than natural, and equally so on both sides. She could no longer feel the "lump," and thought no more about it. She did not know how to explain her enlarged size. No perceptible or great increase, enough to attract attention, was observed afterward till last January, when, without any known reason, there was a more oppressive feeling of weight in the lower part of the abdomen, attended with some tenderness on pressure, a decided loss of strength and energy, and with a much greater general fulness of the abdomen. There was nothing like pain present. These symptoms increased rapidly, and in March she sent for her family physician, who at once found the indications of fluid in the abdominal cavity very evident. She was then submitted to a course of medical treatment, without, however, producing any material or permanent diminution of her size.

There was no symptom bearing upon any organic disease of the heart, liver, or the kidneys. Everything seemed to be directed to this "lump," and the diagnosis rested between ascites and ovarian disease.

By the patient's report, the greatest amount of suffering was during the ten days previous to the first tapping on June 6th, from dyspnoea, some tenderness on the right side below the liver, accumulation of wind, and a sensation, when she attempted to raise herself up, as if something was giving way at the epigastric region.

During the course of the abdominal enlargement, the bowels and catamenia had been generally regular. Last winter, the catamenia, as to the time of appearance and quantity, were variable, and attended with much pain in the back, nervousness and restlessness.

Suddenly, in March last, without any known reason for the aggravation of the symptoms, she was confined to her bed, and continued more or less of the time in the horizontal position, till the first tapping on June 6th.

Nearly every day, from the last week of March till the first tapping, there was nausea and the vomiting of a greenish fluid in a small quantity, and usually in the after part of the day. There had been no nausea nor vomiting since the first tapping.

In March, the urine was scanty and of the color of coffee. There was never any pain nor difficulty in passing it. At no time could any albumen be detected in it. This color began to change after the tapping of June 6th, and since the second tapping on June 23d, it had been natural. At no time had there been much pain or tenderness on pressure. When pain was present, it was mostly produced by wind.

She had had much uneasiness from the accumulation of wind, which at times had brought on great dyspnoea, with headache.

Generally, she slept pretty well, and was always more comfortable in the horizontal position. At times, she tried to get up and walk, and found that there was less uneasiness and distress while walking than sitting. Never at any time was there a permanent swelling of any part of the lower extremities.

Considerable general emaciation of the body had followed since March.

At the first examination on June 6th, the day of the first tapping, in consultation with Drs. Dupee and Channing, the abdomen was found very regularly enlarged and prominent, tense, fluctuating throughout,

except in the region of the arch of the colon, elastic, and without any feeling of hardness as from a solid mass at any point. The uterine sound had been previously introduced by Dr. C., and the uterine cavity was found to be normal. She was tapped, lying upon her right side at the edge of the bed. Upward of three gallons of a dark, prune-juice colored fluid, were drawn off. The first half of the fluid was thin and not viscid, the last half much thicker and firmer. On placing her upon her back, some small tumors of different sizes were distinctly felt—some above, some below the umbilicus, hard and freely movable. Nothing like the walls of a sac could be detected. The presence of these tumors, supposing that they might be connected with an ovarian sac, excluded, of course, any attempt for a radical cure by the injection of iodine or the leaving in of the canula. For the next five or six days there was no perceptible re-accumulation of fluid; immediately afterward there were signs of fluid, which increased so rapidly that she was tapped a second time on the 23d June. This time the patient sat on the edge of the bed, and as the fluid escaped, the tumors could be seen and felt, falling downward below the umbilicus. The amount of fluid drawn off, was a little less than three gallons, claret-colored, as if from admixture of blood, thin, and without coagula or any viscosity. When examined, the fluid contained a large amount of blood and albumen. It was supposed that the trochar might have touched one of the tumors and given rise to the hemorrhage. The tumors were then examined carefully. At least five were detected—hard, perfectly movable, some above and some below the umbilicus, of different sizes, the largest as large as one's fist, and situated midway between the umbilicus and the os pubis, and a little to the left of the median line. All these tumors slipped about easily and freely, and appeared to have a common connecting medium. From the antecedents in the case, there was a strong presumption that these tumors might be growths projecting inward or outward in an ovarian cyst, and if connected with a cyst, the extensive mobility and falling downward of the tumors below the umbilicus indicated an absence of any troublesome adhesions. Still, no cyst could be felt by the fingers externally, nor by a bougie passed through the canula. This circumstance, in connection with the character of the fluid, which at neither time presented the usual peculiarities of an ovarian secretion, gave rise to doubts as to the precise nature and locality of the affection.

No apparent constitutional disturbance followed the operation. In two or three days, she was up walking about her chamber, and being a person of uncommon firmness and resolution, she said the tumors must be cut out, after fully realizing the seriousness and dangers of the operation. She and her husband said that she would soon sink from the distress consequent upon the re-accumulation of fluid; that they could clearly see that the secretion of fluid would not stop as long as the tumors remained, and that they had fully made up their minds to rest on the hope, slight as it might be, of a successful issue to the operation.

As the abdomen was becoming more distended, the fluctuating surface was daily increasing, and the accumulation of wind causing uneasiness and pain, it was finally decided, with the concurrence of Drs. Channing and Dupee, to attempt an operation. The day before the operation, there was a free evacuation of fecal matter and wind after the administration of inspissated ox gall (gr. xii.). As there was

doubt and obscurity in the diagnosis, it was by all means thought the most advisable to make an exploration first, being fully prepared to extend the operation and remove the tumors and sac, if a sac was present and under favorable circumstances. On the morning of July 6th, the patient being in an excellent condition of body and mind (in the presence of Drs. Channing, Dupee and Read), a short incision was made in the skin, commencing just below the umbilicus. The parts were then dissected with care till the peritoneum was brought into view. This being divided, two gallons or more of a thin, yellow, serum-looking fluid came away. The abdominal swelling entirely subsided, without any ovarian cyst being discovered. The incision in the peritoneum was then made about two inches long, in order to see where and to what the tumors were attached. The peritoneum was found of a bright-scarlet redness, and dotted as far as could be seen with red points of the size of the head of a pin. On introducing two fingers into the abdominal cavity in search after the tumors, a small, smooth, roundish mass was brought out of the wound, and found to have a very small, twine-like pedicle. This was removed, and one of the larger tumors was brought up to the opening, and found, with those remaining, to be firmly connected with the *omentum*. It was not thought prudent to remove any of them, and the wound was brought together and secured by a stitch and sticking plaster. They were smooth, of a scirrhus hardness, and firmly fixed in the omentum. The mass that was removed, was evidently a decolorized coagulum. No constitutional disturbance followed this exploratory operation, and the pulse never went above ninety. The wound healed by the first intention, without any soreness or pain. At no time was there any indication of peritonitis. In a few days she took iodide of potassium, and had tincture of iodine applied externally. She also took calomel, digitalis and squills in the hope of increasing the renal secretion. The urine very sensibly increased in quantity, amounting to a quart in twenty-four hours, with a decided diminution in the deposit, and a return to its natural color. For several days there was a manifest improvement in the general health. The only suffering was from an accumulation of wind, which was partially relieved by assafoetida and spearmint tea injections. On the 19th of July she was again tapped, and five pints of a straw-colored fluid was drawn off. The tumors seemed, if anything, somewhat smaller. She was up and dressed, the morning after the last tapping, and has gone on comparatively well to this date.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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BOSTON, AUGUST 12, 1858.

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### MEDICAL BOOKS AND STUDIES.

NONE of Solomon's sayings have been more strikingly verified, than the one which declares that "of making many books there is no end." The concluding clause of the text will doubtless find many experienced witnesses to its truth—for who does not know that "much study is a weariness of the flesh"?

If the wise man could declare that there was no end to book-making in his day, what would he say of the state of the art were he permitted to proverbialize in the present century? The vast repositories of books which have long existed and are daily being augmented by gifts and purchases—together with neophytic libraries, springing up as if by enchantment, in nearly every quarter of our land, it would seem, might fairly deluge us with reading-matter. Yet the myriad presses cease not their labors—nor will they, so long as the teeming human brain shall be found upon our planet.

It was, and still is, an excellent maxim, "*multum legete, non multa.*" We have quoted this, before, in our pages, but it will bear repetition; and also may be thought and acted upon, to advantage. To medical studies and reading, we believe it to be singularly applicable. Increasing as the range of topics is which ought to engage the minds of the faithful student and the careful practitioner of our art, it is not only well, but it has become a necessity, for them to select their authors. With students, their teachers are the authority; for practitioners, taste and peculiar bias often become a guide, and the particular exigencies of each one's practice, make him "a law unto himself." One thing may here be alluded to, which the experience of practical men soon teaches them, but which students will do well to remember, and shape their course accordingly. A practitioner no sooner begins to be at all actively engaged in the duties of his profession, than his time is so infringed upon, and "cut up" into small portions, that the ability for systematic study and reading is lost to him, probably for life. He is fortunate if able to keep up with modern improvements; to consult acknowledged authorities, in his difficult cases; to keep alive the memory of essential knowledge. If he has not laid a good and broad foundation of professional information whilst a student and a young physician, so much the worse for him—and his patients! Members of our profession somewhat advanced in its cares and responsibilities, often get interested in new discoveries, and think they will become personally proficient in modern manipulations—such as the management of the microscope, for instance—or, being suddenly impressed with the medical treasures locked up from them in certain unknown tongues, they resolve that they will gradually master such languages and revel in the resulting spoils. These resolutions are rarely carried out—not because the will or spirit is wanting, but that the time and opportunity are so. Let those in student-life, or that large expectant army whose ears are attent for the sound of the door-bell, and furious for cases, remember what golden opportunities their leisure gives them for becoming accomplished in the literature of the difficult profession they intend to follow. Whilst the practical details thereof ought to be made as familiar to them as "household words," and every opportunity sought to see, hear, and handle for themselves, let them not merely recite their prescribed tasks, or dawdle over a book in their new and neatly-furnished "offices," but let them really study such of the old works as must benefit them, and make themselves masters of every modern discovery they can.

Such is at present the rapidity with which new facts are added to medical science, and the zeal with which theories are examined and propositions sifted, that books, journals and pamphlets nearly overwhelm us. In a short time, works of real value run into new editions, and those which are only of moderate worth, or worse, are pushed in-



to them. This latter fact leads us to notice a point of much importance—especially to those with short and ill-supplied purses. All who feel a genuine interest in our art, are naturally anxious to be supplied with the newest information—and not only such as is scattered over the pages of reviews and similar periodicals, but whatever, having been before the medical public in a more solid and available form, may from time to time be re-presented, “with notes and additions,” “thoroughly revised,” “entirely re-written,” &c. &c. Now there ought to be a fair understanding about this matter—generally, we doubt not, all the above-quoted epithets are true, and accurately describe the state of the volumes in question. How flat and unsatisfactory do our “old editions” then become! We are restless until we get the new, fresh and far more portly representative. There are many cases, we fear, where the money might as well, or better, have been saved, or elsewhere applied. Students and the great majority of practitioners cannot afford to be extravagant in purchasing books. There are certain works, however, which they must have, and others by owning which they would be great gainers—they should never be imposed upon, nor should they purchase unadvisedly.

There is a work which occurs to us at this moment, the success of which has been very great, and most deservedly so; yet it is one whose size renders it costly, and the frequency of the editions entails no inconsiderable outlay upon those who desire, as most practitioners do, to have the latest advices upon the topics of which it treats. We refer to the United States Dispensatory. The last edition, just issued, contains, we understand, about one hundred additional, or, at least, new pages. At this rate of progression—and of course the authors add only what they conscientiously deem imperatively necessary—we shall soon see *two* volumes instead of the huge *one*, which now occupies a place, we conclude, upon every physician's book-shelves and in every druggist's shop throughout the land. Much as we value this learned work, and fully as we appreciate the untiring labors of its compilers, we must say it is getting very clumsy to handle; and the gradual narrowing of the margins of its leaves in the *compressing* process to which it is subjected at every new birth, deforms its appearance very decidedly. May we not suggest that the matter which it is hereafter found necessary to add to the last edition, and to successive editions, may be conveniently afforded us in the form of an appendix, *separately issued*, bound cheaply in paper covers, so that, after a time, several such issues may be more securely bound and constitute a volume of convenient size for reference? Thus we avoid the so frequent handling of an unwieldy book, and, moreover, are not compelled to pay the full price of the entire volume over again, whenever we wish to see the additions now so rapidly made. It seems to us that something of this sort will soon be forced upon the publishers.

Lest it should be thought that, as to book-making, so to this article, there is “no end,” we sever the cable of our ideas at this point—just as it is announced that the Atlantic Telegraph Cable “is successfully laid.” We wish for its projectors, managers and stockholders, no less than for bookmakers and booksellers, “a good time generally!”

#### CASE OF JAMES MAGEE.

THE report of the *post-mortem* appearances in the case of James Magee, who was executed in this city on the 25th June, having been

copied into several daily papers, has given rise to the erroneous notion that the criminal was still living at the time of the autopsy. The idea probably arose from the fact that the right auricle of the heart contracted after the thorax was opened, although the sounds could not be perceived by auscultation, before the autopsy was made. That this phenomenon, however, was not caused by any remaining vitality in the system, is evident from the simple fact that the pulsations continued after the spinal cord was divided, showing that this phenomenon was owing to the inherent irritability of the muscular structure of the heart, which still responded to stimuli, as is well known to be the case for a considerable length of time after death, and which is often witnessed in cases where the autopsy is made soon after death. Opportunities are not very frequent for observing this in the human subject, since it is customary to wait many hours after death before making an examination; but any one may see it in animals who have been recently killed. We once had occasion to make an autopsy soon after the death of a patient, and found so much irritability remaining in the heart that it would contract powerfully, when pricked with the scalpel, for a considerable length of time after it had been removed from the body. Contractions of the voluntary muscles, sometimes to a remarkable degree, are also witnessed in the bodies of those who have died of cholera, especially, when the limbs are smartly struck. In many cases, however, these movements take place spontaneously, and sometimes to a remarkable extent, so that all the limbs are in motion, and continue so far the space of half an hour. The same thing is witnessed in patients who have died from yellow fever.

In addition to the well-known instances of the persistence of muscular irritability not only after life was extinct, but after the removal of muscles from the body, Bernard, in his late work, "*Sur la physiologie et la pathologie du Système Nerveux*," furnishes us with facts which prove that contractility is a property belonging to muscular fibres as such, independent of the nervous or any other system. Having first shown conclusively by experiment that the poison "*curare*" destroys the power of the motor nerve, he establishes the fact that portions of muscle, taken from animals destroyed by that poison, will contract with as much energy, when the proper stimuli are used, as under ordinary circumstances. He afterward states distinctly that "the independence of muscular contractility is a fact well established experimentally," and adds, after further researches, "that the contractile property of the *involuntary* muscles does not differ from that of the muscles under the influence of the will."

In allusion to the statement that the criminal was alive when dissected, as circulated by various newspapers, the *Boston Traveller* of the 2d inst., in the course of a long article on the subject, remarks as follows:—

"The professional report, however, gives no color for such a statement. On the contrary, it states expressly that when he was cut down all signs of life were absent. The fact that automatic motions of the *right auricle* of the heart, for they were confined to that, continued for some hours afterward, goes for nothing, because it will be observed that they were not interrupted by a division of the spinal marrow itself. No one will pretend that a man could be alive after he was beheaded, unless it is supposable that Magee was St. Francis. The supposition that he might 'possibly have been resuscitated immediately after he was lowered from the scaffold,' was predicated simply upon the fact that there was no apparent injury to the structure of any important organ, and that he was in precisely the condition of a drowned or asphyxiated person."

In the report of the proceedings of the Society for Medical Improvement (see this JOURNAL for July 15th), it is stated that Dr. CLARK expressed the opinion that resuscitation might possibly have been accomplished, if efforts to that end had been made immediately upon the lowering of the body from the scaffold. Nothing was said which would lead one to suppose that Dr. Clark believed such a result to be probable, even on the conditions named; but, in fact, the rope was not loosened from the neck until fifteen minutes after the corpse was taken down, nor was the autopsy begun until thirty-five minutes afterward. We believe that under the circumstances it would have been as impossible to resuscitate Magee, after he was removed to the House of Reception, as it would be to restore to life a patient dead of cholera, who exhibited the phenomena of muscular contraction.

#### THE BOSTON COURIER AND THE CORONERS.

The *Boston Courier* of Tuesday, the 10th inst., commends certain statements of facts to the attention of the editors of the "Medical Journal." The *Courier* probably mistook a communication of a correspondent, vindicating the character of Dr. AINSWORTH from a grossly unjust and uncalled-for attack in the columns of that newspaper, for an editorial article of the JOURNAL. We have no concern with the abuses of the present method of conducting inquests; the subject is a political and not a scientific one, but if we were disposed to make any allusion to the subject, we should not refer to the *Courier's* articles on this subject, which are so entirely destitute of all that should characterize a respectable newspaper that they need no reply. Neither the character of Dr. Ainsworth nor of any one else will suffer from such attacks as those in the *Courier*.

*Boylston Prizes.*—The Boylston Prize Committee have awarded to Dr. DANIEL D. SLADE, of this city, a prize of \$120, for the best essay on the subject, "Spermatorrhœa; its causes, consequences and treatment"; and to Dr. J. C. WHITE, also of Boston, a prize of equal value for the best essay on "Human Parasites, Animal and Vegetable; their Anatomy, Development, Natural History and Treatment." The subjects for the prizes for the following year will be found in our advertising columns.

*Medical Journal of North Carolina.*—We have received the first number of a new journal bearing the above title, edited by Dr. EDWARD WARREN, of Edenton, N. C. It is issued bi-monthly, at \$3 per annum. This is the first medical periodical ever issued in North Carolina. Judging from the character of the first number, both in respect to its contents and its typographical execution, we think it will fulfil the hopes of its editor, will prove a means of propagating a spirit of vigorous research and analysis throughout the ranks of the profession, and become a nucleus for the formation of a home literature, and a bond of union and fellowship between medical brethren. We cordially wish it success.

PROF. DANIEL F. WRIGHT, the former able Professor of Physiology and Pathology in the Memphis Medical College, has been elected to the same chair in the Shelby Medical College. Prof. W. is also editor of the *Memphis Medical Recorder*.

*City Mortality Report of Providence, R. I.*—By the City Registrar's Report for the month of July just past, we learn that Providence was, during that period, remarkably exempt from the diseases usually prevalent in the season of midsummer. August, however, may present a different register. In this city, as nearly everywhere, we believe, this is apt to be the case. The freer use of fruit, and that not always ripe, or otherwise in good condition, at this season, doubtless has a marked influence. Toward the latter end of August, also, the evenings become perceptibly damper, and persons readily become chilled, after the heat of mid-day, without being aware of their danger. Great caution should be exercised on these and many other grounds. The statistics relative to the health of Providence during the month of July this year, and for several past years, are worthy of notice; there has been a gradual decrease, and this year a very extraordinary one. We extract the following statement from the Report sent to us, and which is drawn up by Dr. EDWIN M. SNOW, City Registrar.

"In the month of July, the city was almost free from the summer complaints which usually destroy large numbers of children at this season.

"There were only *eight* deaths in the city, during the whole month, from cholera infantum, cholera morbus, diarrhoea and dysentery inclusive. The number of deaths in the city, in the month of July, from these four diseases, has been as follows: In July, 1855, 29 deaths; in July, 1856, 17 deaths; in July, 1857, 21 deaths; in July, 1858, 8 deaths."

*Vermont Medical Society.*—The Semi-Annual Meeting of the Vermont Medical Society was held in the Court Room, at Rutland, June 30th and July 1st, 1858—the President, Dr. STEVENS, of St. Albans, presiding. Nineteen new members were admitted. Many interesting cases were read by members, and reports presented. Dr. Perkins read, by appointment, an able and instructive biographical sketch of Dr. Silas Bowen, late of Clarendon. The deaths of several other members of the Society were announced, and gentlemen appointed to prepare biographical sketches for the next annual meeting. On motion of Dr. Cushman, it was voted to dispense with the annual dinner, and devote the money thus saved to printing the minutes of the Society.

*The Medical Society of Chautauque County, N. Y.*, at a late meeting, in addition to other attractions, had a "capital" dinner served up, which was attended by members of other professions as well as the medical, and a right cheerful and entertaining time seems to have been enjoyed. A public address was delivered in the evening by Dr. HAZELTINE, which, says the *Jamestown Journal*, "was an effort that no short mention of this sort can characterize. It was a noble tribute to true science, and a withering, scornful, comprehensive portrait of quackery and pretence, in all forms and degrees, and among whatever doctors found. The profession has gone after gain, policy, and forgotten self-devotion to an exalted profession. The shapes of imposture were sketched variedly and with a terrible satire."

*Health of the City.*—Notwithstanding the cool weather, there were more than three times as many deaths from cholera infantum during the last week as in the preceding one; with this exception there appears to be no peculiarly fatal disease prevalent at present. We notice 2 deaths from yellow fever, at quarantine. There is a striking similarity between the mortality of the past week and that of the corresponding one of 1857, during which the total number of deaths was 73—47 from consumption, 1 from pneumonia, 15 from cholera infantum, 1 from diarrhoea, 2 from dysentery, and 2 from typhoid fever.

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DIED,—At Greenfield, N. H., 26th ult., Dr. F. W. Cragin, late U. S. Consul at Paramaribo, S. A.

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*Deaths in Boston* for the week ending Saturday noon, August 7th, 78. Males, 48—Females, 30.—Accident, 2—apoplexy, 1—Inflammation of the brain, 1—burns, 1—consumption, 15—convulsions, 3—cholera infantum, 13—dysentery, 2—diarrhoea, 2—dropsey, 1—dropsey in the head, 5—drowned, 1—debility, 1—infantile diseases, 3—puerperal, 2—typhoid fever, 3—yellow fever, 2—gangrene, 1—homicide, 1—disease of the heart, 1—Inflammation of the lungs, 2—marasmus, 3—palsy, 4—pleurisy, 1—quinsy, 1—teething, 3—tetanus, 1—unknown, 1—whooping cough, 1.

Under 5 years, 39—between 5 and 20 years, 4—between 20 and 40 years, 20—between 40 and 60 years, 11—above 60 years, 4. Born in the United States, 63—Ireland, 15—other places, 7.